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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION</b> <b>(37 CFR 1.63)</b>  <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing      OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	<b>Attorney Docket Number</b>	ENP-036
	<b>First Named Inventor</b>	Yat Sun Or
	<b>COMPLETE IF KNOWN</b>	
	<b>Application Number</b>	/
	<b>Filing Date</b>	October 22, 2001
	<b>Group Art Unit</b>	TBD
	<b>Examiner Name</b>	TBD

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

alpha – Hydroxyarylbutanamine Inhibitors of Aspartyl Protease

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☐ OR ☒ Correspondence address below

Name Sandhya L. Kalkunte (Reg. No. 46,466)

Address Enanta Pharmaceuticals, Inc., 500 Arsenal Street

City Cambridge State MA ZIP 02472

Country USA Telephone (617)-607-0800 X 337 Fax (617)-607-0535

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Yat Sun  
(first and middle [if any])

Family Name Or  
or Surname

Inventor's  
Signature

Date

Residence: City Cambridge

State MA

Country USA

Citizenship USA

Mailing Address 225 Walden Street, 2A

City Cambridge

State MA

ZIP 02140

Country USA

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name Guoqiang  
(first and middle [if any])

Family Name Wang  
or Surname

Inventor's  
Signature

Date

Residence: City Cambridge

State MA

Country USA

Citizenship China

Mailing Address 364 Rindge Avenue, #11E

City Cambridge

State MA

ZIP 02140

Country USA

☒ Additional inventors are being named on the 23 Supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → ☐

PTO/SB/02A (11-00)  
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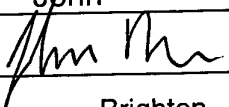
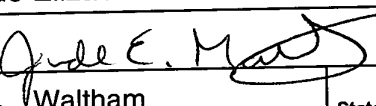
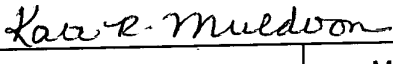
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## DECLARATION

### ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 5

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
John		Rougas	
Inventor's Signature 		Date 10-18-01	
Residence: City	Brighton	State	MA
		Country	USA
Citizenship USA			
Mailing Address 48 Strathmore Rd, Apt 2			
Mailing Address			
City	Brighton	State	MA
		ZIP	02135
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jude Elizabeth		Mathews	
Inventor's Signature 		Date 10-18-01	
Residence: City	Waltham	State	MA
		Country	USA
Citizenship USA			
Mailing Address 633 Moody Street			
Mailing Address			
City	Waltham	State	MA
		ZIP	02453
		Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Kate Ryan		Muldoon	
Inventor's Signature 		Date 10-18-01	
Residence: City	Brighton	State	MA
		Country	USA
Citizenship USA			
Mailing Address 144 Kenrick St. #32			
Mailing Address			
City	Brighton	State	MA
		ZIP	02135
		Country	USA

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## DECLARATION

## ADDITIONAL INVENTOR(S)

Supplemental Sheet  
Page 4 of 5

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Vincent Alfred

Boyd

Inventor's  
Signature

Date

Residence: City

Cypress

State MA

Country USA

Citizenship USA

Mailing Address 20214 Chad Arbor Trail

Mailing Address

City

Cypress

State TX

ZIP 77429

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Jens Werner

Eckstein

Inventor's  
Signature

Date

Residence: City

Arlington

State MA

Country USA

Citizenship German

Mailing Address 303 Gray Street

Mailing Address

City

Arlington

State MA

ZIP 02476

Country USA

Name of Additional Joint Inventor, if any:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Steven Wayne

Riesinger

Inventor's  
Signature

Date

10-18-01

Residence: City

Stoneham

State MA

Country USA

Citizenship USA

Mailing Address 5 Emrey Court

Mailing Address

City

Stoneham

State MA

ZIP 02810

Country USA

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Please  
see  
details  
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Supplemental  
page  
# 5  
encl.

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b> Page <u>5</u> of <u>45</u> <i>net</i>
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Vincent Alfred		Boyd	
Inventor's Signature <i>[Signature]</i>		Date <u>10-19-03</u>	
Residence: City	Cypress	State	MA
		Country	USA
Citizenship USA			
Mailing Address 20214 Chad Arbor Trail			
Mailing Address			
City	Cypress	State	TX
		ZIP	77429
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Jens Werner		Eckstein	
Inventor's Signature		Date	
Residence: City	Arlington	State	MA
		Country	USA
Citizenship German			
Mailing Address 303 Gray Street			
Mailing Address			
City	Arlington	State	MA
		ZIP	02476
		Country	USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Steven Wayne		Riesinger	
Inventor's Signature		Date	
Residence: City	Stoneham	State	MA
		Country	USA
Citizenship USA			
Mailing Address 5 Emrey Court			
Mailing Address			
City	Stoneham	State	MA
		ZIP	02810
		Country	USA

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	October 22, 2001
First Named Inventor	Yat Sun Or
Title	alpha- Hydroxyarylbutanamine ...
Group Art Unit	TBD
Examiner Name	TBD
Attorney Docket Number	ENP-036

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:

Name	Registration Number
Sandhya L. Kalkunte	46,466
Ronald B. Goldstein	32,897

Place Customer  
Number Bar Code  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer  
Number Bar Code  
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<input checked="" type="checkbox"/> Firm or Individual Name	Sandhya L. Kalkunte				
Address	Enanta Pharmaceuticals, Inc.				
Address	500 Arsenal Street				
City	Watertown	State	MA	Zip	02472
Country	USA				
Telephone	617-607-0800 X 337	Fax	617-607-0529		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Spiros Jamas, Sc.D., CEO and President, Enanta Pharmaceuticals, Inc.
Signature	<i>S Jamas</i>
Date	10/22/01

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of Two forms are submitted.

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